

# **Home Boarding Booking Form**

### Your information:

Name:	
Address:	
Mobile phone:	Email:
UK Emergency Contact details: (in case we c	an't get hold of you)

#### Your booking details:

Check in	Date: (DD/MM/YY)	/	/	Time:	
Check out	Date: (DD/MM/YY)	/	/	Time:	

Total number of days. (Including arrival and departure): ..... days.

#### Your pet's information:

No. of dogs to be boarded (Max. no: 2): .....

First dog details:			
Name:	Gender: Male / Femal	e	Microchip details:
Breed:	Age:		Age (if less than 1 year):
Sprayed / Neutered	·	Yes/No	
Second dog details:			
Name:	Gender: Male / Femal	e	Microchip details:
Breed:	Age:		Age (if less than 1 year):
Spayed / Neutered		Yes/No	



### Health details:

Please give any details of your dog's health and any medication. (Where applicable.)

Do your dog(s) have any medical conditions or has your dog(s) had any recent injuries/illnesses?	Yes / No
If yes, please provide any details including any medication where required:	
Are your dog(s) up to date with all vaccinations, worming and flea treatment?	Yes / No
Date last vaccinated:	
Date last wormed:	
Date last received anti-flea treatment:	
Are your dog(s) up to date with Kennel Cough?:	Yes / No
Date last vaccinated for Kennel Cough:	
Do your dog(s) have allergies or food sensitivities? If so please provide detai	ls:
Please tell us about your dog(s) feeding pattern?:	
Are your dog(s) allowed treats?:	Yes / No



## **General details:**

Have your dog(s) shown any aggressive tendencies towards people or children?	Yes / No
Have your dog(s) ever: Bitten someone / Growled at someone / Escaped from a property / Reacted negatively to a situation / None of these.	
If yes to any of the above, please provide details:	
Have your dog(s) shown any aggressive tendencies towards other animals?	Yes / No
Do your dog(s) jump up at people?	Yes / No
Do your dog(s) whine unduly?	Yes / No
Do your dog(s) scratch at carpets or doors?	Yes / No
Do your dog(s) chew furniture, shoes etc.?	Yes / No
Are your dog(s) possessive over toys, food or other objects? Yes / No If yes to any of the above please provide details:	- -
Describe your dog(s) level of obedience and familiar command words:	
Are your dog(s) fully house trained?	Yes / No
Are your dog(s) allowed on furniture?	Yes / No
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## General details (continues):

Does anything unsettle your dog(s)? (Fireworks, thunder and lightning, ca	ars e.t.c.):
Does your dog(s) socialise well with other dogs?	Yes / No
Do your dog(s) get on well with cats?	Yes / No
Do we have permission to transport your dog(s) for walks?	Yes / No
Do your dog(s) pull hard on leads?	Yes / No
Do we have permission to let your dog(s) off the lead?	Yes / No
If walked off the lead do your dog(s) return on being called?	Yes / No
Please describe your dog(s) bedtime routine:	
Are your dogs insured?	Yes / No
Any other details you feel we should be made aware of?	



#### Your vet details:

Name:	Phone:
Address:	

#### Agreement

I hereby confirm that I am the owner of the above named dog(s) and that I authorise Gilly's Pet Care to act as guardian during my absence and to take any action which they consider suitable in order to protect and keep in good health the above named dog(s). I do further confirm that I have read, understood and agree to Gilly's Pet Care terms and conditions and will be responsible for any costs which may be incurred, either vetinary or other, as a result of any sickness, accident or damage caused to or by the above named dog(s), except third party liability, and that I will pay any costs or expenses on demand. I also understand that no liability will attach to Gilly's Pet Care. Once signed, this agreement covers all future services requested of Gilly's Pet Care. Any changes made to the above must be made in writing.

Signed: Date:

